



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
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BIBDATASHEET

CONFIRMATION NO. 3440

Bib Data Sheet

SERIAL NUMBER 09/366,749	FILING DATE 08/04/1999 RULE	CLASS 705	GROUP ART UNIT 2175	ATTORNEY DOCKET NO. 1330.1031/JR
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APPLICANTS

CHRISTOPHER THOMAS VOIGT, MCLEAN, VA;
SCOTT ALLEN RAIMIST, CENTREVILLE, VA;

** CONTINUING DATA ***** *SL N/A*

** FOREIGN APPLICATIONS ***** *SL N/A*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
** 08/25/1999

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY VA	SHEETS DRAWING 12	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 8
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>SL</i>				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS
21171
STAAS & HALSEY LLP
SUITE 700
1201 NEW YORK AVENUE, N.W.
WASHINGTON, DC
20005

TITLE
SYSTEM PROVIDING DESKTOP INTEGRATION OF PATIENT INFORMATION AND DOCUMENT
MANAGEMENT

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)

SERIAL NUMBER <div style="text-align: center;">09/366,749</div>	FILING DATE <div style="text-align: center;">08/04/99</div>	CLASS <div style="text-align: center;">705</div>	GROUP ART UNIT <div style="text-align: center;">2761</div>	ATTORNEY DOCKET NO. <div style="text-align: center;">1330.1031/JR</div>
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APPLICANT

CHRISTOPHER THOMAS VOIGT, MCLEAN, VA; SCOTT ALLEN RAIMIST, CENTREVILLE, VA.

****CONTINUING DOMESTIC DATA*******
 VERIFIED

****371 (NAT'L STAGE) DATA*******
 VERIFIED

****FOREIGN APPLICATIONS*******
 VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 08/25/99

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY <div style="text-align: center;">VA</div>	SHEETS DRAWING <div style="text-align: center;">12</div>	TOTAL CLAIMS <div style="text-align: center;">21</div>	INDEPENDENT CLAIMS <div style="text-align: center;">8</div>
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ADDRESS

STAAS & HALSEY
 700 ELEVENTH STREET NW
 SUITE 500
 WASHINGTON DC 20001

TITLE

SYSTEM PROVIDING DESKTOP INTEGRATION OF PATIENT INFORMATION AND DOCUMENT MANAGEMENT

FILING FEE RECEIVED <div style="text-align: center;">\$1,168</div>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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